

Requester

Notice: You may cancel this request at any time prior to the release of information.

You may be required to pay the actual costs of making and/or compiling data, if our request exceeds 100 pages. Smaller requests cost 25¢ per page.

Note: The subject of the data request must authorize the release of private information to the subject's agent or another agency. An "Informed Consent to Release" must be completed by the subject of the data.

Name	Last	First	M.I. (optional)	Date
Address	Street	City	State	Zip
				(Only if data is to be sent by mail.)
Information requested				Phone
				Email

Department use only — Please do not fill below this line.

Data classification *If data classification is unknown, consult Legal Department.*

☐ Public ☐ Non-public ☐ Confidential ☐ Private

Request ☐ Approved ☐ Approved in part ☐ Denied Authorized signature

Comments *Enter any appropriate remarks or comments. If data access is denied, cite authority or reason.*

Fees

Provide a receipt each time money is received.

Rate per page	25¢	X	Number of pages	=	\$	
			Other fees	+	\$	
			Subtotal	=	\$	
			Sales tax (7.275%)	+	\$	
			TOTAL DUE	=	\$	<i>If over \$50, prepay 50%.</i>
			Amount prepaid	-	\$	Date received
			Balance due	=	\$	Date received

Code to: _____ - _____ - _____ - _____

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, a reasonable accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities.